



NOTICE OF APPEAL FROM THE EXAMINER
TO THE BOARD OF PATENT APPEALS AND INTERFERENCES

Applicant: Jordan J. N. Tang and Arun K. Ghosh

Serial No.: 09/603,713

Group: 1653

Filed: June 27, 2000

Examiner: Abdel A. Mohamed

Confirmation No.: 4604

For: Inhibitors of Memapsin 2 and Use Thereof

TECH CENTER 1600/2900

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CERTIFICATE OF MAILING OR TRANSMISSION	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or is being facsimile transmitted to the United States Patent and Trademark Office on:	
<u>Dec. 23 2003</u>	<u>Betsy S. Kirschner</u>
Date	Signature
<u>Betsy S. Kirschner</u>	
Typed or printed name of person signing certificate	

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Commissioner for Patents
P.O. Box 1450
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Sir:

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision dated July 2, 2003 of the Examiner finally rejecting Claims 28-40. The item(s) checked below are appropriate:

1. ☒ Applicant hereby petitions to extend the time for filing a Notice of Appeal in response to the Office Action Made Final dated July 2, 2003 for three (3) months from October 2, 2003 to January 2, 2004.
2. ☐ A month extension of time to respond to the Office Action Made Final dated was filed on with payment of a \$ fee.
☐ Applicant hereby petitions for an additional month extension of time to respond to the Office Action Made Final.
3. ☒ A Request for Oral Hearing before the Board of Patent Appeals and Interferences is being filed concurrently herewith.

12/30/2003 10ND01NH 0002/03/21

330.00 OP
950.00 OP

01 FC:1401
02 FC:1253

4. Fees are submitted for the following:

<input checked="" type="checkbox"/>	Extension of Time for three (3) months		\$ 950
<input type="checkbox"/>	Additional Extension of Time:		
	Fee for Extension	([] mo.)	\$ _____
	Less fee paid	([] mo.)	- \$ _____
	Balance of fee due		\$ 0
<input checked="" type="checkbox"/>	Notice of Appeal		\$ 330
<input checked="" type="checkbox"/>	Other <u>Request for Oral Hearing</u>		\$ 290
		TOTAL	\$ <u>1570</u>

5. The method of payment for the total fees is as follows:

- ☒ A check in the amount of \$1,570.00 is enclosed.
- ☐ Please charge Deposit Account No. 08-0380 in the amount of \$[].

Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380. A copy of this document is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH, REYNOLDS, P.C.

By 

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12/22/03